Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main

| B1 (Official Form 1) (04/13)  | <ul> <li>Document</li> </ul>              | Page 1 of  | f 30   |  |  |
|---|---|--|--|--|--|
| United States Bankru Northern District of   |   | . ago _ o  | VOLUNTARY PETITION   |  |  |
| Name of Debtor (if individual, enter Last, First, Middle):  |   | Name of Joint Debt   | or (Spouse) (Last, First, Middle):   |  |  |
| Armstrong, Likia E. All Other Names used by the Debtor in the last 8 years  |   | All Other Names used by the Joint Debtor in the last 8 years |  |  |  |
| (include married, maiden, and trade names):   |   |  | aiden, and trade names):   |  |  |
| N/A   |   |  |  |  |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITI (if more than one, state all): 8266                | N)/Complete EIN                           | Last four digits of S<br>(if more than one, st               | oc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN tate all):  |  |  |
| Street Address of Debtor (No. and Street, City, and State):   | ······································    | Street Address of Jo   | oint Debtor (No. and Street, City, and State):   |  |  |
| 7956 S. Ingleside 1B  |   |  |  |  |  |
| Chicago, IL   |   |  |  |  |  |
| County of Residence or of the Principal Place of Business:  | ZIP CODE 60619                            | County of Posidona   | e or of the Principal Place of Business:   |  |  |
| Cook  |   | County of Residence  | c of of the Finicipal Flace of Busiless.   |  |  |
| Mailing Address of Debtor (if different from street address):   |   | Mailing Address of   | Joint Debtor (if different from street address):   |  |  |
|   |   |  |  |  |  |
|   | ZIP CODE                                  |  | ZIP CODE   |  |  |
| Location of Principal Assets of Business Debtor (if different   |   |  | ZIP CODE   |  |  |
|   |   |  | ZIP CODE   |  |  |
| <b>Type of Debtor</b><br>(Form of Organization)   | Nature of (Check one box.)                | Business   | Chapter of Bankruptcy Code Under Which<br>the Petition is Filed (Check one box.)   |  |  |
| (Check one box.)  |   |  |  |  |  |
| ☑ Individual (includes Joint Debtors)   | Health Care Bus Single Asset Rea          | iness<br>al Estate as defined in                             | Chapter 7 Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 12 Chapter 15 Petition for Recognition of a Foreign Recognition of a Foreign Recognition of a Foreign Recognition of a Foreign  |  |  |
| See Exhibit D on page 2 of this form.  Corporation (includes LLC and LLP)   | 11 Ü.S.C. § 1016<br>Railroad              | (51B)  | Chapter 11 Main Proceeding   |  |  |
| ☐ Partnership   | Stockbroker                               |  | Chapter 12 Chapter 15 Petition for Recognition of a Foreign  |  |  |
| Other (If debtor is not one of the above entities, check this box and state type of entity below.)                | Commodity Brok Clearing Bank Other        | ker  | Nonmain Proceeding   |  |  |
|   |   |  |  |  |  |
| Chapter 15 Debtors  Country of debtor's center of main interests:   | Tax-Exem<br>(Check box, in                |  | Nature of Debts<br>(Check one box.)  |  |  |
| Country of debion's center of main interests.   | 1_  |  | Debts are primarily consumer Debts are   |  |  |
| Each country in which a foreign proceeding by, regarding, or  | Debtor is a tax-es<br>under title 26 of t | xempt organization<br>the United States                      | debts, defined in 11 U.S.C. primarily \$ 101(8) as "incurred by an business debts.   |  |  |
| against debtor is pending:  | Code (the Interna                         | d Revenue Code).   | individual primarily for a   |  |  |
|   |   |  | personal, family, or<br>household purpose."  |  |  |
| Filing Fee (Check one box.)   |   |  | Chapter 11 Debtors   |  |  |
| ☐ Full Filing Fee attached.   |   | Check one box:  Debtor is a sma                              | all business debtor as defined in 11 U.S.C. § 101(51D).  |  |  |
| Filing Fee to be paid in installments (applicable to indiv  | iduals anly) Must attach                  | Debtor is not a  | small business debtor as defined in 11 U.S.C. § 101(51D).  |  |  |
| signed application for the court's consideration certifyir  | g that the debtor is                      | Check if:  |  |  |  |
| unable to pay fee except in installments. Rule 1006(b).   | See Official Form 3A.                     | Debtor's aggre   | gate noncontingent liquidated debts (excluding debts owed to liates) are less than \$2,490,925 (amount subject to adjustment   |  |  |
| Filing Fee waiver requested (applicable to chapter 7 ind attach signed application for the court's consideration. |   | on 4/01/16 and   | every three years thereafter).   |  |  |
| and signed application for the court's consideration.   | see Official Form 3B.                     | Check all applicable   | e boxes:   |  |  |
|   |   | A plan is being Acceptances of                               | filed with this petition.  |  |  |
|   |   |  | the plan were solicited prepetition from one or more classes accordance with 11 U.S.C. § 1126(b).  |  |  |
| Statistical/Administrative Information  |   |  | THIS SPACE IS FOR  |  |  |
| Debtor estimates that funds will be available for dis   | stribution to unsecured cree              | ditors.  | COURT USE ONLY   |  |  |
| Debtor estimates that, after any exempt property is distribution to unsecured creditors.                          | excluded and administrative               | ve expenses paid, there                                      |  |  |  |
| Estimated Number of Creditors   |   |  | The state of the s |  |  |
| 7   | 5,001-                                    | ] []<br>0,001- 25,001-                                       | DINITED STATES BANKRUPTCY COOK 100, NORTHER POSTRICT OF ILLINOIS   |  |  |
| 5,000   |   | 5,000 50,000   | 100,000RTHER 100,000 4 2015  |  |  |
| Estimated Assets  |   |  | 11111 7 122  |  |  |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000   | 0,001 \$10,000,001 \$3                    | ]  | SERVICE STEADT, CLERK  |  |  |
| \$50,000 \$100,000 \$500,000 to \$1 to \$10   | to \$50 to                                | \$100 to \$500   | 10 SIFIFFIE VS STUDEN - NB   |  |  |
| Estimated Liabilities million million   | 1 million m                               | illion million   | 001 S500,000,001 More titled STEADT, CLERK to SJEHERE STEADT, CLERK  |  |  |
|   |   |  |  |  |  |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000 \$500,000 to \$1 to \$10  | ,001 \$10,000,001 \$5                     | 50,000,001 \$100,000<br>\$100 to \$500                       | ,001 \$500,000,001 More than   |  |  |
| million million   |   | illion million   | to \$1 billion \$1 billion   |  |  |

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Voluntary Petition Name of Debior(s): Likia E. Armstrong (This page must be completed and filed in every case.) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet. Location Case Number: Date Filed: Where Filed: Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.) Name of Debtor: Case Number: Date Filed: District: Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is required to file periodic reports (e.g., forms 10K and (To be completed if debtor is an individual 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) whose debts are primarily consumer debts.) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. Ø No Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) V Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

| BI (Official Form ) (04/13) Doc 1 Filed 01/14/1  |  |  |  |
|--|--|--|--|
| Voluntary Petition   | Page 3 of 39  Name of Petitor(s): Likia E. Armstrong   |  |  |
| (This page must be completed and filed in every case.)   |  |  |  |
| Signature(s) of Debtor(s) (Individual/Joint)   | natures Signature of a Foreign Representative  |  |  |
| - `` ',  |  |  |  |
| I declare under penalty of perjury that the information provided in this petition is true and correct.   | and correct, that I am the foreign representative of a debtor in a foreign proceeding  |  |  |
| [If petitioner is an individual whose debts are primarily consumer debts and has   | and that I am authorized to file this petition.  |  |  |
| chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11. United States Code, understand the relief available under each such |  |  |  |
| chapter, and choose to proceed under chapter 7.  |  |  |  |
| [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).                    | 1 request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.   |  |  |
| I request relief in accordance with the chapter of title 11, United States Code, specified in his petition.  | Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. |  |  |
| x Mikia Amstora  |  |  |  |
| Signature of Debtor  | X (Signature of Foreign Representative)  |  |  |
| x  | (20)   |  |  |
| Signature of Joint Debtor  | (Printed Name of Foreign Representative)   |  |  |
| Telephone Number (if not represented by attorney) 3/2-866-9502   | Date   |  |  |
| Date   |  |  |  |
| Signature of Attorney*   | Signature of Non-Attorney Bankruptcy Petition Preparer   |  |  |
| X Signature of Attorney for Debtor(s)  | I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have   |  |  |
| Printed Name of Attorney for Debtor(s)   | provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and (3) if rules or  |  |  |
| Firm Name  | guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum  |  |  |
|  | fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor   |  |  |
|  | or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.   |  |  |
| Address  | Litia Armstrona LA   |  |  |
| Telephone Number   | Printed Name and title, if any, of Bankruptcy Petition Preparer  |  |  |
| Date   |  |  |  |
| *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a  | Social-Security number (If the bankruptcy petition preparer is not an individual,  |  |  |
| certification that the attorney has no knowledge after an inquiry that the information   | state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)   |  |  |
| in the schedules is incorrect.   | parties of the bankrupicy pention prepares.) (Kequired by 11 0.5.0. § 110.)  |  |  |
| Signature of Debtor (Corporation/Partnership)  | <i>j</i> , <i>j</i>  |  |  |
| I declare under penalty of perjury that the information provided in this petition is true  | Address/)  |  |  |
| and correct, and that I have been authorized to file this petition on behalf of the  | Address  |  |  |
| debtor.  | x taken komstrond (A   |  |  |
| The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.   | Signature  |  |  |
| · ·  | 14/15  |  |  |
| X Signature of Authorized Individual   | Date   |  |  |
| Printed Name of Authorized Individual  | Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  |  |  |
| Title of Authorized Individual   | Names and Social-Security numbers of all other individuals who prepared or assisted  |  |  |
| Date   | in preparing this document unless the bankruptcy petition preparer is not an   |  |  |
|  | individual.  |  |  |
|  | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  |  |  |
|  | A bankruptcy petition preparer's failure to comply with the provisions of title 11 and   |  |  |
|  | the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.   |  |  |

B 1D (Official Form 1, Exhibit D) (12/09)

## UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re Likia E. Armstrong | Case No.   |
|--------------------------|------------|
| Debtor                   | (if known) |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- I 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

B 1D (Official Form 1, Exh. D) (12/09) - Cont.

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]
  - Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
  - Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
    - ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 6 of 39

B 6 Summary (Official Form 6 - Summary) (12/14)

# UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re | Likia E. Armstrong | <br>Case No. |
|-------|--------------------|--------------|
|       | Debtor             |              |
|       |                    | Chapter 13   |

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS |    | ASSETS   | LIABILITIES     | OTHER          |
|---|----------------------|---------------|----|----------|-----------------|----------------|
| A - Real Property   | у                    | 1             | \$ | 0.00     |                 |                |
| B - Personal Property   | у                    | 3             | s  | 1,230.00 |                 |                |
| C - Property Claimed as Exempt  | у                    | 1             |    |          |                 |                |
| D - Creditors Holding<br>Secured Claims   | у                    | 1             |    |          | \$<br>0.00      |                |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | у                    | 2             |    |          | \$<br>0.00      |                |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | у                    | 3             |    |          | \$<br>29,481.00 |                |
| G - Executory Contracts and<br>Unexpired Leases                                       | у                    | 1             |    |          |                 |                |
| H - Codebtors   | у                    | 1             |    |          | <br>··········· |                |
| I - Current Income of<br>Individual Debtor(s)   | у                    | 2             |    |          |                 | \$<br>1,131.25 |
| J - Current Expenditures of Individual<br>Debtors(s)                                  | у                    | 3             |    |          |                 | \$<br>987.61   |
| 7   | OTAL                 | 18            | \$ | 1,230.00 | \$<br>29,481.00 | ***            |

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 7 of 39

B 6 Summary (Official Form 6 - Summary) (12/14)

## UNITED STATES BANKRUPTCY COURT

| -                        |       | District of Immois |
|--------------------------|-------|--------------------|
| In re Likia E. Armstrong | ····• | Case No.           |
|                          |       | Chapter 13         |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability  | Amount |      |
|--|--------|------|
| Domestic Support Obligations (from Schedule E)   | \$     | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)   | \$     | 0.00 |
| Claims for Death or Personal Injury While Debtor Was<br>Intoxicated (from Schedule E) (whether disputed or undisputed) | \$     | 0.00 |
| Student Loan Obligations (from Schedule F)   | \$     | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                   | \$     | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                              | \$     | 0.00 |
| TOTAL.   | \$     | 0.00 |

#### State the following:

| Average Income (from Schedule I, Line 12)  | \$<br>1,131.25 |
|--|----------------|
| Average Expenses (from Schedule J, Line 22)  | \$<br>987.61   |
| Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14) | \$<br>1,414.00 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF<br>ANY" column               |            | \$<br>0.00      |
|--|------------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |            | \$<br>0.00      |
| 4. Total from Schedule F   |            | \$<br>29,481.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |            | \$<br>29,481.00 |

| Case 15-01030                  | Doc 1 | Filed 01/14/15 | Entered 01/14/15 11:27:16 | Desc Mair |
|--------------------------------|-------|----------------|---------------------------|-----------|
| 36A (Official Form 6A) (12/07) |       | Document       | Page 8 of 39              |           |

| In re | Likia E. Armstrong | Case No.   |
|-------|--------------------|------------|
|       | Debtor             | (lf known) |

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|---------------------------------------|--|-------------------------------|
|  |  |                                       |  |                               |
|  |  |                                       |  |                               |
|  |  |                                       |  |                               |
| ***************************************    | То   | ial >                                 |  | <u> </u>                      |

(Report also on Summary of Schedules.)

| Case 15-01030                   | Doc 1 | Filed 01/14/15 | Entered 01/14/15 11:27:16 | Desc Main |
|---------------------------------|-------|----------------|---------------------------|-----------|
| B 6B (Official Form 6B) (12/07) |       | Document       | Page 9 of 39              |           |

| In re | Likia E. Armstrong | Case No. |            |
|-------|--------------------|----------|------------|
|       | Debtor             |          | (If known) |

## **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|---|---------------------------------------|---|
| 1. Cash on hand.  | х                |   |                                       |   |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                       |                  | PNC Bank                                |                                       | 30.00   |
| Security deposits with public utilities, telephone companies, landlords, and others.  | x                |   |                                       |   |
| Household goods and furnishings, including audio, video, and computer equipment.  |                  | Furniture                               |                                       | 500.00  |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.   | x                |   |                                       |   |
| 6. Wearing apparel.   |                  | Used Clothing                           |                                       | 700.00  |
| 7. Furs and jewelry.  | x                |   |                                       |   |
| 8. Firearms and sports, photographic, and other hobby equipment.  | ×                |   |                                       |   |
| Interests in insurance policies.     Name insurance company of each policy and itemize surrender or refund value of each.   | ×                |   |                                       |   |
| 10. Annuities. Itemize and name each issuer.  | x                |   |                                       |   |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | x                |   |                                       |   |

| Case 15-01030                         | Doc 1 | Filed 01/14/15 | Entered 01/14/15 11:27:16 | Desc Main |
|---------------------------------------|-------|----------------|---------------------------|-----------|
| 3 6B (Official Form 6B) (12/07) Cont. |       | Document       | Page 10 of 39             |           |

| In re | Likia E. Armstrong | , | Case No.   |  |
|-------|--------------------|---|------------|--|
|       | Debtor             |   | (If known) |  |

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|--|------------------|---|---------------------------------------|---|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.  | ×                |   |                                       |   |
| Stock and interests in incorporated and unincorporated businesses.  Itemize.   | ×                |   |                                       |   |
| 14. Interests in partnerships or joint ventures. Itemize.  | x                |   |                                       |   |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.  | x                |   |                                       |   |
| 16. Accounts receivable.   | х                |   |                                       |   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.   | x                |   |                                       |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.   | x                |   |                                       |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A — Real Property.       | х                |   |                                       |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | x                |   |                                       |   |
| 21. Other contingent and untiquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | x                |   |                                       |   |

| Case 15-01030                         | Doc 1 | Filed 01/14/15 | Entered 01/14/15 11:27:16 |
|---------------------------------------|-------|----------------|---------------------------|
| 3 6B (Official Form 6B) (12/07) Cont. |       | Document       | Page 11 of 39             |

| n re Likia E. Armstrong , | Case No.   |
|---------------------------|------------|
| Debtor                    | (If known) |

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

Desc Main

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY  | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|---|--|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | x                |   |  |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | ×                |   |  |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x                |   | The state of the s |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  | x                |   |  |   |
| 26. Boats, motors, and accessories.   | х                |   |  |   |
| 27. Aircraft and accessories.   | х                |   |  |   |
| 28. Office equipment, furnishings, and supplies.  | x                |   |  |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | x                |   |  |   |
| 30. Inventory.  | x                |   |  |   |
| 31. Animals.  | x                |   |  |   |
| 32. Crops - growing or harvested.<br>Give particulars,  | x                |   |  |   |
| 33. Farming equipment and implements.   | х                |   |  |   |
| 4. Farm supplies, chemicals, and feed.  | х                |   |  |   |
| 35. Other personal property of any kind not already listed. Itemize.  | x                |   |  |   |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

| Case 15-01030<br>B6C (Official Form 6C) (04/13) | Doc 1 | Entered 01/14/15 11:27:16<br>Page 12 of 39 | Desc Main |
|---|-------|--|-----------|
| In re Likia E. Armstrong                        |       | Casa No                                    |           |

| SCHEDULE | î C - | PROPERTY | CLAIMED | AS EXEMPT |
|----------|-------|----------|---------|-----------|
|----------|-------|----------|---------|-----------|

(If known)

| Debtor claims the exemptions to which debtor is entitled under: | Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box)   | \$155,675.*   |
|   |   |

☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3)

Debtor

| DESCRIPTION OF PROPERTY | SPECIFY LAW<br>PROVIDING EACH<br>EXEMPTION | VALUE OF<br>CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|-------------------------|--|----------------------------------|---|
| Clothes                 | 735 ILCS 5/12-1001(a)                      | 700.00                           | 700.00  |
| Furniture               | 735 ILCS 5/12-1001(a)                      | 500.00                           | 500.00  |
| Bank Account            | 735 ILCS 5/12-1001(a)                      | 30.00                            | 30.00   |
|                         |  |                                  |   |
|                         |  |                                  |   |
|                         |  |                                  |   |
|                         |  |                                  |   |
|                         |  |                                  |   |
|                         |  |                                  |   |
|                         |  |                                  |   |
|                         |  |                                  |   |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

# Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 13 of 39

B 6D (Official Form 6D) (12/07)

| In re Likia E. Armstrong , | Case No.   |
|----------------------------|------------|
| Debtor                     | (If known) |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H—Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED,<br>NATURE OF LIEN,<br>AND<br>DESCRIPTION<br>AND VALUE OF<br>PROPERTY<br>SUBJECT TO LIEN | CONTINGENT                              | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM<br>WITHOUT<br>DEDUCTING VALUE<br>OF COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY  |
|--|----------|--|---|---|--------------|----------|--|--|
| ACCOUNT NO.  | -        |  |   |   |              |          |  |  |
|  |          |  |   |   |              |          |  |  |
|  |          |  |   |   |              |          |  |  |
|  |          |  | VALUE\$   |   |              |          |  |  |
| ACCOUNT NO.  | -        |  | VALUES  |   |              |          |  |  |
|  | 1        |  |   |   |              |          |  |  |
|  |          |  |   |   |              |          |  |  |
|  |          |  |   |   |              |          |  |  |
|  |          |  | VALUE\$   |   |              |          |  |  |
| ACCOUNT NO.  | †        |  | VALOLO  | ,                                       |              |          |  |  |
|  | 1        |  |   |   |              |          |  |  |
|  |          |  |   |   |              |          |  |  |
|  |          |  |   |   |              |          |  |  |
|  |          |  | VALUE \$  |   |              |          |  |  |
|  |          |  | Subtotal ► (Total of this page)   | *************************************** |              |          | \$   | \$   |
| ear treatment a treatment and the second   |          |  | Total ▶   |   |              |          | \$   | \$   |
|  |          |  | (Use only on last page)   |   |              |          |  |  |
|  |          |  |   |   |              |          | (Report also on Summary of Schedules.)                         | (If applicable, report<br>also on Statistical<br>Summary of Certain<br>Liabilities and Related |

Data.)

#### Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Page 14 of 39 Document

B6E (Official Form 6E) (04/13)

| In re Likia E. Armstrong | Case No.   |
|--------------------------|------------|
| Debtor                   | (if known) |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address. including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all

| amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtor with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  |
|---|
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)  |
| Domestic Support Obligations  |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| Extensions of credit in an involuntary case   |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| Wages, salaries, and commissions  |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).  Contributions to employee benefit plans |

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 15 of 39

| B6E (Official Form 6E) (04/13) ~ Cont. | B6E (Official | Form | 6E) (04/ | 13)~ | Cont. |
|--|---------------|------|----------|------|-------|
|--|---------------|------|----------|------|-------|

| In re                            | Likia E. Armstrong   | , Case No.  |
|----------------------------------|--|---|
|                                  | Debtor   | (if known)  |
|                                  |  |   |
| ☐ Cert                           | in farmers and fishermen   |   |
| Claims                           | of certain farmers and fishermen, up to \$6,150* per far   | rmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| □ Dере                           | sits by individuals  |   |
| Claims<br>that were              | of individuals up to \$2,775* for deposits for the purchanot delivered or provided. 11 U.S.C. § 507(a)(7). | ase, lease, or rental of property or services for personal, family, or household use,   |
| ☐ Taxe                           | s and Certain Other Debts Owed to Governmental   | Units   |
| Taxes,                           | customs duties, and penalties owing to federal, state, ar  | nd local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Com                            | nitments to Maintain the Capital of an Insured Dep   | oository Institution  |
| Claims<br>Governor<br>§ 507 (a)0 | s of the Federal Reserve System, or their predecessors   | the Office of Thrift Supervision, Comptroller of the Currency, or Board of or successors, to maintain the capital of an insured depository institution. 11 U.S.C. |
| Clain                            | s for Death or Personal Injury While Debtor Was l  | Intoxicated   |
| Claims<br>drug, or a             | for death or personal injury resulting from the operation other substance. 11 U.S.C. § 507(a)(10).         | n of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a   |
| * Amount<br>adjustmer            |  | years thereafter with respect to cases commenced on or after the date of  |

0 continuation sheets attached

| Case 15-01030<br>B 6F (Official Form 6F) (12/07) | Doc 1 |          | Entered 01/14/15 11:27:16<br>Page 16 of 39 | Desc Main |
|--|-------|----------|--|-----------|
| I Likia E Armetrona                              |       | Doddinon | . ago 10 0. 00                             |           |

| In re_ | Likia E. Armstrong | Case No.   |
|--------|--------------------|------------|
|        | Debtor             | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| ☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.  |          |  |   |            |              |          |                    |
|---|----------|--|---|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 4038  |          |  | 02/2010 TCF Bank  |            |              |          |                    |
| Alternative Revenue System<br>9250 Costilla Avenue #130<br>Greenwood Village, CO 80112  |          |  |   |            |              |          | 173.00             |
| ACCOUNT NO. 0271  |          |  | 10/2012 Automobile  |            |              |          |                    |
| Blackhawk Financial Inc<br>2340 S River RD Ste 400<br>Des Plaines, IL 60018   |          |  |   |            |              |          | 7,258.00           |
| ACCOUNT NO. 8266  |          | 02/2010 Unpaid Checking                  |   |            |              |          |                    |
| Chex Systems<br>7805 Hudson<br>Ste 100<br>Saint Paul, MN 55125  |          |  | Accounts  |            |              |          | 1,000.00           |
| ACCOUNT NO. 8266  |          |  | 05/2009 Unpaid Parking  |            |              |          |                    |
| City of Chicago<br>Dept of Finance Room 700<br>121 N. LaSalle Street<br>Chicago, IL 60602   |          |  | Violations  |            |              |          | 12,871.00          |
|   |          |  |   |            | Subte        | otal≻    | s 21,302.00        |
| 2 continuation sheets attached  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) |          |  |   | \$         |              |          |                    |

|   | Doc 1 | Filed 01/14/15 | Entered 01/14/15 11:27:16 | Desc Mair |
|---|-------|----------------|---------------------------|-----------|
| B 6F (Official Form 6F) (12/07) - Cont. |       | Document       | Page 17 of 39             |           |

| In re | Likia E. Armstrong | Case No.    |            |
|-------|--------------------|-------------|------------|
|       | Debtor             | <del></del> | (if known) |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  | CODEBTOR | HOSBAND, WIFE, AND COMMUNITY, OR COMMUNITY, OR COMMUNITY, OR CONSIDERATION FOR CLAIM.  IF CLAIM IS SUBJECT TO SETOLE ON SETOLE |                  | AMOUNT OF<br>CLAIM |  |        |
|--|----------|--|------------------|--------------------|--|--------|
| ACCOUNT NO. 3349   |          |  | 10/2012 Campact  |                    |  |        |
| Convergent Outsourcing<br>PO Box 9004<br>Renton, WA 98057  |          |  | 12/2013 Comcast  |                    |  | 432.00 |
| ACCOUNT NO. 8266   |          |  | 02/2011 Medical  |                    |  |        |
| Creditors Discount & Aud<br>PO Box 213<br>Streator, IL 61364   |          |  |                  |                    |  | 624.00 |
| ACCOUNT NO. 8266   |          |  | 03/2011 Medical  |                    |  |        |
| Creditors Discount & Aud<br>PO Box 213<br>Streator, IL 61364   |          |  |                  |                    |  | 624.00 |
| ACCOUNT NO. 8266   |          |  | 03/2013 Medical  |                    |  |        |
| Creditors Discount & Aud<br>PO Box 213<br>Streator, IL 61364   |          |  |                  |                    |  | 315.00 |
| ACCOUNT NO. 8993   |          |  | 01/2014 T Mobile |                    |  |        |
| Enhanced Recovery Co<br>PO Box 57547<br>Jacksonville, FL 32241   |          |  |                  |                    |  | 713.00 |
| Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  |          |  |                  | \$ 2,708.00        |  |        |
| Total>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) |          |  |                  | \$                 |  |        |

|   | Doc 1 | Filed 01/14/15 | Entered 01/14/15 11:27:16 | Desc Main |
|---|-------|----------------|---------------------------|-----------|
| 3 6F (Official Form 6F) (12/07) - Cont. |       | Document       | Page 18 of 39             |           |

| In re Likia E. Armstrong , | Case No.   |  |
|----------------------------|------------|--|
| Debtor                     | (if known) |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AN       | MOUNT OF<br>CLAIM |
|--|----------|--|---|------------|--------------|----------|----------|-------------------|
| ACCOUNT NO. 8266  IRS Non-Priority Attn: Bankruptcy Dept. PO Box 7346 Philadelphia, PA 19101   |          |  | Unpaid Income Taxes   |            |              |          |          | 4,500.00          |
| ACCOUNT NO. 6260  Peoples Energy 200 East Randolph Chicago, IL 60601   |          |  | 11/2011 Utility   |            |              |          |          | 500.00            |
| ACCOUNT NO. 1619  State Collections Svc PO Box 6250 Madison, WI 53701  |          |  | 05/2011 Medical   |            |              |          |          | 471.00            |
| ACCOUNT NO.  |          | 40,400,400,400,400,400,400,400,400,400,  |   |            |              | -        |          |                   |
| ACCOUNT NO.  |          |  |   |            |              |          |          |                   |
| Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  |          |  |   |            | otal➤        | \$       | 5,471.00 |                   |
| Total>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) |          |  |   | \$         | 29,481.00    |          |          |                   |

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 19 of 39

| B 6G (Official Form 6G) (12/07) |            |
|---------------------------------|------------|
| In re Likia E. Armstrong ,      | Case No.   |
| Debtor                          | (if known) |

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 20 of 39

| Fill in this information to identif   | fy your case:  |  |                                       |                                       |  |
|---|--|--|---------------------------------------|---------------------------------------|--|
| Debtor 1 Likia E. Armstrong   |  |  |                                       |                                       |  |
| First Name  Debtor 2  | Mkidle Name  | Last Name                                  |                                       |                                       |  |
| (Spouse, if filing) First Name  | Middle Name  | Last Name                                  |                                       |                                       |  |
| United States Bankruptcy Court for the  | Northern District of Illino  | ois  |                                       |                                       |  |
| Case number   |  | u-   |                                       | Check if                              | this is:   |
|   | · · · · · · · · · · · · · · · · · · ·  |  |                                       | =                                     | mended filing  |
|   |  |  |                                       |                                       | oplement showing post-petition<br>ter 13 income as of the following date:          |
| Official Form B 6I  |  |  |                                       |                                       | DD/YYYY  |
| Schedule I: Yo  | ur Income  |  |                                       |                                       | 12/13  |
| supplying correct intormation, it   | you are married and not fouse is not filing with you ne top of any additional pa | iling jointly, and :<br>. do not include i | your spouse i<br>nformation at        | s living with                         | tor 2), both are equally responsible for you, include information about your spous |
| Fill in your employment   | ment   |  |                                       |                                       |  |
| information.  |  | Debtor 1                                   |                                       |                                       | Debtor 2 or non-filing spouse  |
| If you have more than one job,<br>attach a separate page with<br>information about additional<br>employers. | Employment status  | Employed Not emplo                         |                                       |                                       | Employed Not employed  |
| Include part-time, seasonal, or   |  |  |                                       |                                       |  |
| self-employed work.  Occupation may include student or homemaker, if it applies.                            | Occupation   | Security O                                 | fficer                                |                                       |  |
|   | Employer's name  | Guardian S                                 | Security Ser                          | vices                                 |  |
|   | Employer's address   | 3300 W. 1                                  | 27th Street                           |                                       | Number Street  |
|   |  | ***************************************    |                                       |                                       |  |
|   |  | Blue Island                                | · · · · · · · · · · · · · · · · · · · |                                       |  |
|   |  | City                                       | State ZIP                             | Code                                  | City State ZIP Code  |
|   | How long employed the  | ere?   Year                                | -                                     |                                       | ***************************************  |
| Part 2: Give Details Abou   | t Monthly Income   |  |                                       |                                       |  |
| Estimate monthly income as o  | f the date you file this for   | m. If you have not                         | hing to report f                      | or any line, w                        | rite \$0 in the space. Include your non-filing                                     |
| spouse unless you are separated<br>If you or your non-filing spouse h<br>below. If you need more space, a   | ave more than one employe  | er, combine the inf<br>his form.           | formation for a                       | li employers f                        | or that person on the lines  |
|   |  |  | For                                   | Debtor 1                              | For Debtor 2 or non-filing spouse  |
| <ol><li>List monthly gross wages, sai<br/>deductions). If not paid monthly.</li></ol>                       | lary, and commissions (be<br>, calculate what the monthly                        | efore all payroli<br>wage would be.        | 2. <u>\$_1</u>                        | .414.00                               | \$   |
| 3. Estimate and list monthly ove  | rtime pay.   |  | 3. +\$                                | · · · · · · · · · · · · · · · · · · · | <b>+</b> \$  |
| 4. Calculate gross income. Add l  | ine 2 + line 3.  |  | 4. \$ <u>1</u>                        | .414.00                               | \$   |

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 21 of 39

btor 1 Likia E. Armstrong

| Debtor 1                   | Likia E. Armstrong First Name Middle Name Last Name  |             | (        | Case number (i | f know      | n)                  |   |              |           |      |
|----------------------------|--|-------------|----------|----------------|-------------|---------------------|---|--------------|-----------|------|
|                            |  |             | F        | or Debtor 1    |             | For Debtor 2 o      |   |              |           |      |
| Cop                        | by line 4 here   | <b>→</b> 4. | \$_      | 1,414.00       | -           | \$                  |   |              |           |      |
| 5. <b>List</b>             | all payroll deductions:  |             |          |                |             |                     |   |              |           |      |
| 5a.                        | Tax, Medicare, and Social Security deductions  | 5a.         | \$       | 282.75         |             | \$                  |   |              |           |      |
|                            | Mandatory contributions for retirement plans   | 5b.         | Ψ<br>\$  | 0.00           |             | \$                  |   |              |           |      |
| 5c.                        | Voluntary contributions for retirement plans   | 5c.         | \$       | 0.00           | _           | \$                  |   |              |           |      |
| 5d.                        | Required repayments of retirement fund loans   | 5d.         | \$       | 0.00           | _           | \$                  |   |              |           |      |
| 5e.                        | Insurance  | 5e.         | \$_      | 0.00           |             | \$                  |   |              |           |      |
| 5f.                        | Domestic support obligations   | 5f.         | \$_      | 0.00           |             | \$                  |   |              |           |      |
| 5g.                        | Union dues   | 5g.         | \$_      | 0.00           |             | \$                  |   |              |           |      |
| 5h.                        | Other deductions. Specify:   | 5h.         | + \$     | 0.00           |             | + s                 | *************************************** |              |           |      |
|                            | d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.          | \$_      | 0.00           | _           | \$                  |   |              |           |      |
| 7. Cal                     | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$       | 1,131.25       | <del></del> | \$                  |   |              |           |      |
| 8. List                    | all other income regularly received:   |             |          |                |             |                     |   |              |           |      |
| 8a.                        | Net income from rental property and from operating a business, profession, or farm   |             |          |                |             |                     |   |              |           |      |
|                            | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.         | \$_      | 0.00           | _           | \$                  |   |              |           |      |
| 8b.                        | Interest and dividends   | 8b.         | \$       | 0.00           |             | \$                  |   |              |           |      |
| 8c.                        | Family support payments that you, a non-filing spouse, or a depende regularly receive  | nt          |          |                | ••          | -                   |   |              |           |      |
|                            | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.         | \$       | 0.00           | •           | \$                  |   |              |           |      |
|                            | Unemployment compensation  | 8d.         | \$_      | 0.00           | _           | \$                  |   |              |           |      |
|                            | Social Security  | 8e.         | \$_      | 0.00           | _           | \$                  |   |              |           |      |
|                            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | ce<br>8f.   | \$       | 0.00           | _           | \$                  | )-Turk-Turk-1                           |              |           |      |
|                            | Pension or retirement income   | 8g.         | ¢        | 0.00           |             | \$                  |   |              |           |      |
|                            | Other monthly income. Specify:   |             | *_<br>+s | 0.00           | •           | + <sub>\$</sub>     | britter/duredram                        |              |           |      |
|                            | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.          | \$<br>\$ | 0.00           |             | \$                  |   |              |           |      |
| 10. <b>Calc</b> u<br>Add 1 | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.         | \$       | 1,131.25       | +           | \$                  |   | <b>=</b> \$_ | 1,131     | 1.25 |
| Inclu                      | e all other regular contributions to the expenses that you list in Sched<br>de contributions from an unmarried partner, members of your household, you<br>friends or relatives.  |             | pend     | ents, your ro  | omm         | nates, and          |   | <u> </u>     |           |      |
| Do no<br>Spec              | ot include any amounts already included in lines 2-10 or amounts that are r<br>ify:  |             | ailable  | to pay expe    | nse         | s listed in Schedu  | <i>le J</i> .                           | <b>+</b> ¢   |           |      |
| 12. <b>Add</b> 1           | the amount in the last column of line 10 to the amount in line 11. The   | ~~~~        | is the   | combined m     | onth        | lv income           | 11.                                     |              |           |      |
| Write                      | that amount on the Summary of Schedules and Statistical Summary of Ce  | rtain l     | .iabilit | ies and Rela   | ted l       | Data, if it applies | 12.                                     | \$_<br>Co    | 1,131     | .25  |
|                            | rou expect an increase or decrease within the year after you file this fo  | m?          |          |                |             |                     |   |              | nthly inc | ome  |
|                            | Yes. Explain:  |             |          |                | *******     |                     |   |              | ·····     |      |

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 22 of 39

| Fill in this information to identify your case:   |   |                  |                                    |                                 |
|---|---|------------------|------------------------------------|---------------------------------|
| Debtor 1 Likia E. Armstrong   | Check if thi  | . in-            |                                    |                                 |
| First Name Middle Name Last Name Debtor 2   |   |                  |                                    |                                 |
| (Spouse, if filing) First Name Middle Name Last Name  |   |                  | -                                  | petition chapter 13             |
| United States Bankruptcy Court for the: Northern District of Illinois   |   |                  | of the following                   |                                 |
| Case number (If known)  | MM / DD   | 7 YYYY           | ,                                  |                                 |
| Official Form B 6J  |   |                  | ng for Debtor 2<br>eparate house   | 2 because Debtor 2<br>hold      |
| Schedule J: Your Expenses   |   |                  |                                    | 12/13                           |
| Be as complete and accurate as possible. If two married people are information. If more space is needed, attach another sheet to this fo (if known). Answer every question. | filing together, both are equally re<br>orm. On the top of any additional p | spons<br>ages, v | ible for supplyi<br>vrite your nam | ng correct<br>e and case number |
| Part 1: Describe Your Household   |   |                  |                                    |                                 |
| I. Is this a joint case?  ✓ No. Go to line 2.  — Yes. Does Debtor 2 live in a separate household?  — No  — Yes. Debtor 2 must file a separate Schedule J.                   |   |                  |                                    |                                 |
| Do not list Debtor 1 and Yes. Fill out this information for   |   |                  | Dependent's age                    | Does dependent live with you?   |
| Debtor 2. each dependent  | ******  |                  |                                    | No                              |
| Do not state the dependents' names.   | · · · · · · · · · · · · · · · · · · ·                                       | _                | <del></del>                        | Yes                             |
|   |   | _                |                                    | No                              |
|   |   |                  |                                    | Yes                             |
|   |   | ***              |                                    | Yes                             |
|   |   | _                |                                    | No                              |
|   |   |                  |                                    | Yes                             |
|   |   |                  |                                    | ∐ No<br>Yes                     |
| Do your expenses include expenses of people other than yourself and your dependents?  |   |                  |                                    |                                 |
| art 2: Estimate Your Ongoing Monthly Expenses   |   |                  |                                    |                                 |
| estimate your expenses as of your bankruptcy filing date unless you expenses as of a date after the bankruptcy is filed. If this is a supple                                | are using this form as a supplemental Schedule J, check the box             | ent in a         | a Chapter 13 ca<br>top of the form | se to report<br>and fill in the |
| applicable date.<br>nclude expenses paid for with non-cash government assistance if y   | ou know the walve   |                  |                                    |                                 |
| of such assistance and have included it on Schedule I: Your Income  | (Official Form B 6I.)   |                  | Your expen                         | ses                             |
| <ol> <li>The rental or home ownership expenses for your residence. Includent any rent for the ground or lot.</li> </ol>   | de first mortgage payments and  | 4.               | \$                                 | 250.00                          |
| If not included in line 4:  |   |                  |                                    | 0.00                            |
| 4a. Real estate taxes   |   | 4a.              | \$                                 | 0.00                            |
| 4b. Property, homeowner's, or renter's insurance  |   | 4b.              | \$                                 | 37.61                           |
| 4c. Home maintenance, repair, and upkeep expenses   |   | 4c.              | \$                                 | 0.00                            |
| 4d. Homeowner's association or condominium dues   |   | 4d.              | \$                                 | 0.00                            |

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 23 of 39

Debtor 1

Likia E. Armstrong

First Name Middle Name Last Name

Case number (if known)\_

| 5.   Additional mortgage payments for your residence, such as home equity toans   5.   \$.   \$.   \$.   \$.   \$.   \$.   \$.  |     |   |      | Your ex | •      |
|---|-----|---|------|---------|--------|
|   | 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5    | \$      |        |
| Sea   Electricity, heat, natural ges   Sea   Valer, sewer, garbage collection   Sea   Valer, sewer, garbage collection   Sea   Co.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O   |     |   |      |         |        |
| 6. Water, sewer, garbage collection   6. Telephone, cell phone, Intermet, satellite, and cable services   6. S   7.0.00   6. Telephone, cell phone, Intermet, satellite, and cable services   6. S   7.0.00   6. Other. Specify:   6. S   2.00.00   7. Food and housekeeping supplies   7. S   2.00.00   8. Childcare and children's education costs   8. S   0.00   9. Citothing, laundry, and dry cleaning   9. S   50.00   10. Personal care products and services   10. S   30.00   10. Personal care products and services   10. S   30.00   11. Medical and dental expenses   11. S   0.00   12. Transportation. Incitude gas, maintenance, bus or train fare.   0.00   13. Entertainment, clubs, recreation, newspapers, magazines, and books   12. S   0.00   14. Charitable contributions and religious donations   14. S   0.00   15. Life insurance   15. S   0.00   15. Life insurance deducted from your pay or included in lines 4 or 20. 15. Life insurance   15. S   0.00   15. Vehicle insurance   15. S   0.00   15. Other insurance. Specify:   15. S   0.00   15. Other insurance. Specify:   15. S   0.00   15. Other insurance   15. S   0.00   15. Other insurance   15. S   0.00   15. Other Specify:   15. S   0.00   16. Other Specify:   17. S   0.00   17. Other. Specify:   17. S   0.00   17. Other payments for Vehicle 1   17. S   0.00   17. Other. Specify:   17. S   0.00   17. Other payments for Vehicle 2   17. S   0.00   17. Other. Specify:   0.00   17. Other payments for Vehicle 1   0.00   17. Other payments for |     |   | 6a.  | \$      | 200.00 |
|   |     | 6b. Water, sewer, garbage collection  |      |         |        |
| 6d. Other. Specify:   |     | 6c. Telephone, cell phone, Internet, satellite, and cable services  |      |         |        |
| 7. Food and housekeeping supplies         7. \$ 200.00           8. Childcare and children's education costs         8. \$ 0.00           6. Clothing, laundry, and dry cleaning         9. \$ 5.0.00           10. Personal care products and services         10. \$ 30.00           11. Medical and dental expenses         11. \$ 0.00           12. Transportation, include gas, maintenance, bus or train fare.         12. \$ 150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$ 0.00           14. Charitable contributions and religious donations         14. \$ 0.00           15. Insurance.         15a. Life insurance deducted from your pay or included in lines 4 or 20.         15b. \$ 0.00           15a. Life insurance         15a. S. Unique insurance specify:         15c. \$ 0.00           15b. Health insurance         15c. \$ 0.00           15c. Vehicle insurance         15c. \$ 0.00           15c. Vehicle insurance         15c. \$ 0.00           15c. Other insurance. Specify:         15c. \$ 0.00           15c. Vehicle insurance         15c. \$ 0.00           15c. Other insurance <td></td> <td>6d. Other. Specify:</td> <td></td> <td></td> <td></td>  |     | 6d. Other. Specify:   |      |         |        |
| 6. Childcare and children's education costs         8. \$ .0.00           9. Clothing, laundry, and dry cleaning         9. \$ .50.00           10. Personal care products and services         10. \$ .30.00           11. Medical and dental expenses         10. \$ .30.00           12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments.         12. \$ .50.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$ .0.00           14. Charitable contributions and religious donations         14. \$ .0.00           15. Insurance.         15. \$ .0.00           15. Life insurance deducted from your pay or included in lines 4 or 20.         15. \$ .0.00           15. Ly Vehicle insurance         15. \$ .0.00           15. Vehicle insurance.         15. \$ .0.00           15. Other insurance. Specify:         15. \$ .0.00           15. Other insurance. Specify:         15. \$ .0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         16. \$ .0.00           17. Installment or lease payments:         17. \$ .0.00           17. Car payments for Vehicle 1         17. \$ .0.00           17. Car payments for Vehicle 2         17. \$ .0.00           17. Cother. Specify:         17. \$ .0.00           17. Cother. Specify:         17. \$ .0.00  | 7.  |   | 7.   |         |        |
| Clothing, laundry, and dry cleaning   9.   \$.   \$.   \$.   \$.   \$.   \$.   \$.  | 8.  | Childcare and children's education costs  | 8.   | \$      |        |
| 10   Personal care products and services  | 9.  | Clothing, laundry, and dry cleaning   | 9.   |         |        |
| 1.1. Medical and dental expenses         11. § 0.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.         12. § 150.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. § 0.00           14. Charitable contributions and religious donations         14. § 0.00           15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.         15. § 0.00           15. Life insurance         15. § 0.00           15. Least in insurance         15. § 0.00           15. Vehicle insurance. Specify:         15. Quality of the insurance. Specify:         15. Quality of the insurance. Specify:           16. Other insurance. Specify:         16. Quality of the insurance. Specify:         16. Quality of the insurance. Specify:           17. Installment or lease payments:         17. Quality of the insurance. Specify:         17. Quality of the insurance.           17. Car payments for Vehicle 1         17. Quality of the insurance.         17. Quality of the insurance.           17. Car payments for Vehicle 2         17. Quality of the insurance.         17. Quality of the insurance.           17. Car payments for Vehicle 2         17. Quality of the insurance.         17. Quality of the insurance.           17. Other. Specify:         17. Quality of the insurance.         18. Quality of the insurance.           18. Other payments for  | 10. | Personal care products and services   | 10,  |         |        |
| 12   Transportation. Include gas, maintenance, bus or train fare:   | 11. | Medical and dental expenses   | 11.  |         |        |
| 14.   \$ 0.00   | 12. |   | 12.  | \$      |        |
| 14.   S   0.00  | 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | \$      | 0.00   |
| 15  | 14. | Charitable contributions and religious donations  | 14.  |         |        |
| 15b. Health insurance   | 15. |   |      |         |        |
| 15b. Health insurance       15b. \$ 0.00         15c. Vehicle insurance       15c. \$ 0.00         15d. Other insurance. Specify:   |     | 15a. Life insurance   | 15a. | \$      | 0.00   |
| 15c. Vehicle insurance       15c. S. 0.00         15d. Other insurance. Specify:  |     | 15b. Health insurance   | 15b. |         |        |
| 15d. Other insurance. Specify:  |     | 15c. Vehicle insurance  | 15c. |         |        |
| Specify:  |     | 15d. Other insurance. Specify:  | 15d. | \$      |        |
| 17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. S  0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).  18. S  0.00  19. Other payments you make to support others who do not live with you.  Specify:  19. S  0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. S  0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. S  0.00  | 16. |   | 16.  | \$      | 0.00   |
| 17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  | 17. | Installment or lease payments:  |      |         |        |
| 17c. Other. Specify:  |     | 17a. Car payments for Vehicle 1   | 17a. | \$      | 0.00   |
| 17d. Other. Specify:  |     | 17b. Car payments for Vehicle 2   | 17b. | \$      | 0.00   |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  |     | 17c. Other. Specify:  | 17c. | \$      | 0.00   |
| from your pay on line 5, Schedule I, Your Income (Official Form B 6I).  19. Other payments you make to support others who do not live with you.  Specify:   |     | 17d. Other. Specify:  | 17d. | \$      | 0.00   |
| Specify:  | 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). | 18.  | \$      | 0.00   |
| 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00   |     |   | 19.  | \$      | 0.00   |
| 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00   | 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco  | ome. |         |        |
| 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  |     |   |      | \$      | 0.00   |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  |     | 20b. Real estate taxes  | 20b. | \$      | 0.00   |
| 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  |     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$      |        |
|   |     | 20d. Maintenance, repair, and upkeep expenses   | 20d. |         |        |
|   |     | 20e. Homeowner's association or condominium dues  | 20e. |         |        |

# Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 24 of 39

| Debtor 1 Likia E. Armstrong |  | Case number (# known)            |                    |
|-----------------------------|--|----------------------------------|--------------------|
| 22. <b>Y</b> C              | her. Specify: ur monthly expenses. Add lines 4 through 21. e result is your monthly expenses.  | 21.                              | +\$<br>\$987.61    |
|                             | culate your monthly net income.  |                                  | 4 124 25           |
| 23a.                        | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.                             | \$ <u>1,131.25</u> |
| 23b.                        | Copy your monthly expenses from line 22 above.   | 23b.                             | -\$987.61          |
| 23c.                        | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .                                | 23c.                             | \$143.64           |
| 24. <b>Do</b> j             | ou expect an increase or decrease in your expenses within the  | a year after you file this form? |                    |
|                             | example, do you expect to finish paying for your car loan within the gage payment to increase or decrease because of a modification to |                                  |                    |
| <u> </u>                    | lo.<br>'es. Explain here:  |                                  |                    |

Official Form B 6J Schedule J: Your Expenses page 3

Document

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main

B6 Declaration (Official Form 6 - Declaration) (12/07)

Document Base 25 of 20 Page 25 of 39

In re Likia E. Armstrong

Case No.\_ (if known)

## **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read my knowledge, information, and belief.                            | the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best   |
|---|--|
| Mulle   | St. A. Fr  |
| Date / / / / / )  | Signature: JUNA TWWWWDebtor  |
| Date  | Signature:   |
|   | (Joint Debtor, if any)   |
|   | [If joint case, both spouses must sign.]   |
| DECLARATION AND SIGNAT  | URE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)   |
| the debtor with a copy of this document and the notices and promulgated pursuant to 11 U.S.C. § 110(h) setting a maxi | aptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been intum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum tor or accepting any fee from the debtor, as required by that section. |
| Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer  | Social Security No. (Required by 11 U.S.C. § 110.)   |
| If the bankruptcy petition preparer is not an individual, sta<br>who signs this document.                             | nte the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner  |
| Address   |  |
| X Signature of Bankruptcy Petition Preparer   | Date   |
| Names and Social Security numbers of all other individuals  | s who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:   |
| If more than one person prepared this document, attach ad   | ditional signed sheets conforming to the appropriate Official Form for each person.  |
| A bankruptcy petition preparer's failure to comply with the prov. 18 U.S.C. § 156.                                    | risions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110;  |
| DECLARATION UNDER PENA  | LTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP   |
| partnership   of the  | ne president or other officer or an authorized agent of the corporation or a member or an authorized agent of the [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have sheets ( <i>Total shown on summary page plus I</i> ), and that they are true and correct to the best of my   |
| Date  | Signature  |
|   | Signature:   |
|   | [Print or type name of individual signing on behalf of debtor.]  |
|   | poration must indicate position or relationship to debtor.]  |
| Penalty for making a false statement or concealing prop   | perty: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.   |

### UNITED STATES BANKRUPTCY COURT

#### Northern District of Illinois

| Debtor (if known) |
|-------------------|
|-------------------|

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

16968

Work for Guardian Security Services currently, In 2013 I was unemployed and in 2012 I filed 20,336.76

Entered 01/14/15 11:27:16 Desc Main Page 27 of 39 Case 15-01030 Doc 1 Filed 01/14/15 Document

| 37 (Official Form 7) (04/13) | 2   |
|------------------------------|-----|
| 57 (Official Form 7) (04/15) | - 2 |

| B7 (Offi | (Official Form 7) (04/13)  |  |  |   |  |
|----------|--|--|--|---|--|
|          | 2. Income other than from employment of  | r operation of business  |  |   |  |
| None     | State the amount of income received by the de debtor's business during the <b>two years</b> immed joint petition is filed, state income for each spumust state income for each spouse whether or petition is not filed.)   | iately preceding the commo   | encement of this case<br>lebtors filing under c  | . Give particulars. If a hapter 12 or chapter 13  |  |
|          | AMOUNT   | SOURCE   |  |   |  |
|          |  |  |  |   |  |
|          | 3. Payments to creditors   |  |  |   |  |
| None     | a. Individual or joint debtor(s) with primarily of goods or services, and other debts to any credithis case unless the aggregate value of all prop Indicate with an asterisk (*) any payments that as part of an alternative repayment schedule u agency. (Married debtors filing under chapter whether or not a joint petition is filed, unless the | tor made within 90 days in<br>erty that constitutes or is all<br>were made to a creditor or<br>inder a plan by an approved<br>12 or chapter 13 must inclu- | mediately preceding<br>fected by such transf<br>a account of a domest<br>nonprofit budgeting<br>tde payments by eith | the commencement of<br>er is less than \$600.<br>tic support obligation of<br>and credit counseling<br>er or both spouses |  |
|          | NAME AND ADDRESS OF CREDITOR   | DATES OF<br>PAYMENTS   | AMOUNT<br>PAID   | AMOUNT<br>STILL OWING   |  |
| None     | b. Debtor whose debts are not primarily consu-<br>within 90 days immediately preceding the com-<br>constitutes or is affected by such transfer is les<br>(*) any payments that were made to a creditor<br>repayment schedule under a plan by an approv-<br>filing under chapter 12 or chapter 13 must inch   | amencement of the case unless than \$6,225*. If the debte on account of a domestic steed nonprofit budgeting and   | ess the aggregate val<br>or is an individual, inc<br>apport obligation or a<br>credit counseling ag                  | ue of all property that<br>dicate with an asterisk<br>is part of an alternative<br>ency. (Married debtors                 |  |

not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT **AMOUNT** STILL OWING PAYMENTS/ PAID OR **TRANSFERS** VALUE OF TRANSFERS

<sup>\*</sup>Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 28 of 39

B7 (Official Form 7) (04/13)

V

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID AMOUNT STILL OWING

## 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

RE NHS Jerome D Citron 351821817

Unpaid rent

Cook County Chicago, Illinois

Judgment fo Plaintiff



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one** year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS

OF ASSIGNEE

DATE OF ASSIGNMENT TERMS OF ASSIGNMENT

OR SETTLEMENT



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS

NAME AND LOCATION

DATE OF

DESCRIPTION

4

OF CUSTODIAN

OF COURT CASE TITLE & NUMBER ORDER

AND VALUE

**Of PROPERTY** 

#### 7. Gifts



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON

RELATIONSHIP TO DEBTOR,

DATE OF GIFT DESCRIPTION AND VALUE

OF GIFT

OR ORGANIZATION

IF ANY

## 8. Losses



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART

DATE OF LOSS

PROPERTY BY INSURANCE, GIVE PARTICULARS

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 5

#### 10. Other transfers



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S

INTEREST IN PROPERTY

#### 11. Closed financial accounts



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

6

| 12. 3 | Safe | deno | sit | boxes |
|-------|------|------|-----|-------|
|-------|------|------|-----|-------|



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS

DESCRIPTION OF DATE OF TRANSFER OR SURRENDER,

TO BOX OR DEPOSITORY

CONTENTS

IF ANY

#### 13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

### 14. Property held for another person



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 

NAME USED

DATES OF OCCUPANCY

9222 S. Bishop Avenue Apt 3A Chicago, IL 60649 Same name

12/2011-12/2013

#### 16. Spouses and Former Spouses



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS NAME AND ADDRESS

DATE OF

**ENVIRONMENTAL** 

7

OF GOVERNMENTAL UNIT NOTICE LAW



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS

DATE OF

ENVIRONMENTAL

ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or

## Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 33 of 39

B7 (Official Form 7) (04/13)

other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME

LAST FOUR DIGITS
OF SOCIAL-SECURITY
OR OTHER INDIVIDUAL
TAXPAYER-I.D. NO.
(ITIN)/ COMPLETE EIN

ADDRESS NATURE OF BUSINESS

BEGINNING AND ENDING DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

**ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED



b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

| B7 (Off | a Yinan H. Chara and Jack State State of the Control of the Contro | t  |   |  |  |  |
|---------|--|--|---|--|--|--|
| One     | c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.   |  |   |  |  |  |
|         | NAME   |  | ADDRESS   |  |  |  |
| ne      | d. List all financial institutions, of financial statement was issued by   | creditors and other parties, including the debtor within two years imm           | ng mercantile and trade agencies, to whom a sediately preceding the commencement of this  |  |  |  |
|         | NAME AND ADDRESS   |  | DATE ISSUED   |  |  |  |
|         | 20. Inventories  |  |   |  |  |  |
| ne      | <ul> <li>a. List the dates of the last two ir<br/>taking of each inventory, and the</li> </ul>   | ventories taken of your property,<br>dollar amount and basis of each in          | the name of the person who supervised the eventory.   |  |  |  |
|         | DATE OF INVENTORY  | INVENTORY SUPERVISOR   | DOLLAR AMOUNT   |  |  |  |
|         |  |  | OF INVENTORY (Specify cost, market or other basis)  |  |  |  |
| ne      | b. List the name and address of the in a., above.  DATE OF INVENTORY   |  |   |  |  |  |
| ne C    | in a., above.  | ne person having possession of the   | (Specify cost, market or other basis) e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN                      |  |  |  |
|         | in a., above.  DATE OF INVENTORY  21. Current Partners, Officers,  | he person having possession of the   | (Specify cost, market or other basis) e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN                      |  |  |  |
| <u></u> | in a., above.  DATE OF INVENTORY  21 . Current Partners, Officers, a. If the debtor is a partnersh   | he person having possession of the   | (Specify cost, market or other basis) e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS |  |  |  |
| one     | in a., above.  DATE OF INVENTORY  21 . Current Partners, Officers, a. If the debtor is a partnersh partnership.  NAME AND ADDRESS  b. If the debtor is a corpora   | Directors and Shareholders ip, list the nature and percentage NATURE OF INTEREST | (Specify cost, market or other basis) e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS |  |  |  |

10

| 22. | Former | partners. | officers. | directors | and | shareh | alders |
|-----|--------|-----------|-----------|-----------|-----|--------|--------|
|     |        |           |           |           |     |        |        |



a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

[If completed by an individual or individual and spouse]

# Case 15-01030 Doc 1 Filed 01/14/15 Entered 01/14/15 11:27:16 Desc Main Document Page 36 of 39

| B7 (Official Form                          | 7) (04/13)  |   |                                  | 11  |
|--|---|---|----------------------------------|---|
| I decla<br>and an                          | are under penalty of perjurny attachments thereto and   | y that I have read the answe<br>that they are true and correc         | rs contained<br>at.              | in the foregoing statement of financial affairs   |
| Date                                       | 1/14/15   | Signature of  | Debtor $\int$                    | the Amstons   |
| Date                                       |   | Signature of Joint Debtor   | (if any) _                       |   |
| [If com                                    | pleted on behalf of a partnership   | o or corporation]   | ,                                |   |
| I declare<br>thereto :                     | e under penalty of perjury that I<br>and that they are true and correc                                    | have read the answers contained<br>t to the best of my knowledge, in  | in the foregoin<br>formation and | ng statement of financial affairs and any attachments belief.   |
| Date                                       |   | s   | ignature                         |   |
|  |   | Print Name  | and Title                        |   |
|  | [An individual signing on beh   | alf of a partnership or corporation                                   | a must indicat                   | e position or relationship to debtor.}  |
|  |   | continuation sheets   | attached                         |   |
| Pen  | nalty for making a false statement:   | Fine of up to \$500,000 or imprison.                                  | ment for up to :                 | 5 years, or both. 18 U.S.C. §§ 152 and 3571   |
| DECLA                                      | RATION AND SIGNATURE  | OF NON-ATTORNEY BANK  | RUPTCY PE                        | TITION PREPARER (See 11 U.S.C. § 110)   |
| ompensation and h<br>42(b); and, (3) if re | nave provided the debtor with a cules or guidelines have been pro<br>thave given the debtor notice of the | copy of this document and the not<br>mulgated pursuant to 11 U.S.C. & | ices and infor<br>110(h) settin  | J.S.C. § 110; (2) I prepared this document for mation required under 11 U.S.C. §§ 110(b), 110(h), and g a maximum fee for services chargeable by bankruptcy ument for filing for a debtor or accepting any fee from |
|  |   | . A   |                                  |   |
| Printed or Typed N                         | Vaine and Title, if any of Bankri   | uptcy Petition Preparer   | Social-Secu                      | rity No. (Required by 11 U.S.C. § 110.)   |
| the bankruptcy pet<br>sponsible person, c  | tition preparer is not an individi<br>or partner who signs this docum                                     | ual, state the name, title (if any), a<br>vent.                       | ddress, and s                    | ocial-security number of the officer, principal,  |
| Address                                    |   | L=LA  | 1/19                             | 1/15  |
| Signature of Bankr                         | uptcy Petition Preparer   |   | Date                             |   |

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

Case 15-01030 Doc 1 Filed 01/14/15

Entered 01/14/15 11:27:16 Desc Main

B 201B (Form 201B) (12/09)

Page 37 of 39 Document

# UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re Likia E. Armstrong  Debtor   | Case No   |
|--|---|
| CERTIFICATION OF NOTICE<br>UNDER § 342(b) OF THE   | TO CONSUMER DEBTOR(S) E BANKRUPTCY CODE   |
| Certification of [Non-Attorney] I, the [non-attorney] bankruptcy petition preparer signing the attached notice, as required by § 342(b) of the Bankruptcy Code.  | Bankruptcy Petition Preparer debtor's petition, hereby certify that I delivered to the debtor the   |
| Printed name and title, if any, of Bankruptcy Petition Preparer Address:  X  Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| Certification o  | of the Debtor   |
|  | X   |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

## 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)
Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at